

Physical Disability Partnership Board

11th May 2021

Zoom Meeting 11am-1pm

Minutes

Present

PH	Paul Homewood	Independent Member- Chair
GL	Graham Lewis	Healthwatch-
DD	Debbie Drew	Healthwatch
RN	Rebecca Nuttall	Little People UK
EJB	Emma Joy-Staines	Steel Bone
SB	Sandie Burns	Disability Peterborough
GH	Graeme Hodgson	PCC and CCC
JM	Jason Merrill	Family Voice-Peterborough
LO	Liz Owen	Ehler-Danlos Syndrome group
BB	Bob Bragger	MS society
JP	Jo Palmer	Physical Disability team.
RV	Roger Valentine	Peterborough Information Network

Apologies

AT	Alena Taylor (Chair)	Independent member
RH	Russell Henke	Speak Out Leader - High Support Needs Committee
SC	Sue Clements	Headway CEO
LJB	Leigh Joy-Staines	Steel bone

1. Introductions

Paul agreed to chair the meeting in the absence of Alena.
Graham explained that Ray Griffiths has stood down from the board.
Introductions were made.

2. Minutes and Action Log

A couple of alterations to spellings of names were made.
All actions are completed.

3. Updates from members

People with Dwarfism are not classed as a vulnerable group and thus many still have not been vaccinated and are having to wait until they are called through age.
People with Dwarfism are often deemed to be obese (if you look at BMI reading) and although they do not have lung disease because of the lack of space in the chest cavity they would struggle more with Covid symptoms.
People are having to contact GPs themselves to try and get them moved up the vaccination programme.

ACTION For this to be logged at Healthwatch and for GL to flag this with the CCG.

4. Feedback from other meetings

GL attended the Adult Social Care Forum.

GL also attended ADDAS workshops over a couple of days. The key points raised were

- The need to have better data usage.
- Coproduction is essential.
- Initiative and Collaborative commissioning
- Post pandemic look at workforce terms and conditions.

DD is going to attend a meeting for carers around the “Out of Hours” services in June.

ACTION JM to email Debbie with potential questions and DD to report back at future meeting.

5. Update from PD team- Jo Palmer

Since Covid we have done lots of virtual interventions. We are now starting to do face/ face contacts but these all have individual risk assessments.

Our new system Mosaic had some delays due to it needing upgrading but that has been sorted now. There are some new elements to the data base that have yet to be completed but they will come on board soon.

The discharge to assess process was due to end in April but this has been extended now for another 6 months.

Continuing Care assessments have had a big back log over the last 12 months which has delayed the progress for many. Extra resources (2 new workers) are now in place and this should help with the catch up.

Day Services will be restarting. Each service has to complete risk assessments for each individual coming back. We think that they will be able to run at 60% capacity so we are checking what people still want.

6. Priorities for the board update

Hate Crime- we have a new Police and Crime Commissioner- Daryll Preston

PH at the meeting where the previous commissioner attended, he asked people to be involved in some work around hate crime- where are they with this?

ACTION GL to catch up with Catherine from the Police and Crime Commissioners office to see what is happening.

Digital Exclusion- the event we hoped to put on in July has been moved to the 1st October.

Stroke Services- Had speaker at last meeting.

7. MS Society- Bob Bragger-Chair

Bob told the board he is a fulltime carer for the last 10 years for his wife with MS. She is 23 years post diagnosis.

The MS society has 250 Core groups throughout the country, and they have to raise all their own funds.

There are 600 people registered with MS society throughout Cambridgeshire and Suffolk. The group give advice on benefits right through to tribunal working with CAB and Disability Cambridgeshire.

We organise both physical and social activities for our members.

Social- when it has been possible we organise trips etc

Physical- we were running 5 physical exercises per week now as we have been doing them online, we have been doing 7. We have over 70 people attend through the week at no charge to them. We start with a chat then do the exercise session and then stay for a short chat afterwards. People are then able to get a bit of social contact. We have found that people are exercising more frequently since it has been online.

Once restrictions are lifted, we plan to continue with some online sessions.

We have asked for the specialist MS nurses to attend some of our sessions- normally people get to see MS nurse once a year for 30 mins.

We have been working with the Stem Cell institute on a project- over 4/5 months our members will be being spoken to by a professor.

Referrals come into the organisation from CPFT, Addenbookes Hospital, and West Suffolk Hospital.

There is no one running the Peterborough group at the moment, so we are lending some support there too.

Last year we got some monies to help those not digitally enabled and we were able to purchase some tablets.

8. Recruitment of new members.

A discussion took place around recruiting new members to the board. The board covers any physical disability not just visible ones.

EJS, GH and BB asked Graham to send them info that they can share on various social media platforms/ newsletters etc

ACTION GL to send some information for sharing.

9. Individual Service Funds- Graeme Hodgson

Graeme explained that part of his commissioning role is to engage with people around coproduction. Individual Service Funds are mentioned in the Care Act and CCC have not done a lot of work around these so Graeme is looking at how they can be introduced.

What are they?

When people are eligible for social care packaged their needs are assessed by a social worker and a personal budget is decided.

70% of people opt for an arranged package (these people are then passive recipients of the care they receive)

Other people take the package as a direct payment which gives people more control of their support. Some people find these are too much of a burden -being an employer etc.

The alternative could be an Individual Service Fund(ISF)- these are in the early stages of how they could look and we are piloting it in East Cambs.

There is potential for organisations to be ISF provider. They hold the pot of money and put together a care and support plan with maybe a mixture of care/ day services. The organisation can get a admin fee for administering the support. This could mean a much more holistic approach to care.

At present a homecare provider only gets paid for the time they are in attendance. As they have an existing relationship with the customer, they are in a better position to help that person decide their care plan and the organisation in turn could benefit financially for the overarching support.

JM is this for Peterborough too?

GH Initially East Cambs, but if there is a positive response then it will be rolled out across the county.

BB All the people at our organisations are volunteers. It feels a bit uncomfortable asking them to do something with that level of support.

EJS Charities are exhausted from the extra work they have already been doing during the pandemic.

AOB

A question was asked about Carer assessments- someone had not had one for 3 years. Due to Covid there have been some operational delays, but this does not account for this delay.

ACTION GH will ask what the delays are. GL will contact Laura Green.

Healthwatch Board meeting is 2pm Weds all invited.

Healthwatch AGM will be 21st July -Watch this space the partnership boards will be doing some workshops.

Next Meeting

17th August 2021 on Zoom